



BASIC INFORMATION

DESCRIPTION

Episodes of cessation of breathing, during sleep, that last 10 seconds or longer. It can affect all ages, but is most common in adults over 60.

FREQUENT SIGNS AND SYMPTOMS

- Long periods of not breathing while asleep. Sleep apnea must be observed by others. It is most reliably recorded in a sleep laboratory.
- Choking while asleep caused by obstruction in the back of the throat from the uvula and other loose tissue. This causes cycles of sleep, choking, startled awakening, drowsiness and sleep. The cycles often continue throughout the day because poor sleep causes chronic sleepiness.
- Chronic severe fatigue.

CAUSES

- Unknown (often).
- Airway obstruction, especially in obese patients.
- Chronic respiratory system disease.
- Central nervous system disorder, such as a brain tumor, viral brain infection or stroke.

RISK INCREASES WITH

- Stress, including anxiety and depression.
- Persons with high blood pressure, cardiovascular or arteriovascular disease.
- Senility.
- Obesity.
- Smoking.
- Excess alcohol consumption.
- Use of mind-altering drugs.
- Hypothyroidism.

PREVENTIVE MEASURES

If you have an underlying disease listed as a cause of sleep apnea, avoid as many risk factors as possible to decrease the chance of triggering the disorder.

EXPECTED OUTCOMES

Treatment measures, other than surgery and weight loss in an obese patient, are directed at controlling the sleep apnea rather than curing it. Lifelong compliance to therapy is usually necessary.

POSSIBLE COMPLICATIONS

- Excessive daytime sleepiness (EDT) due to lack of sleep may lead to accidents, inattentiveness, and lowered work productivity.
- Permanent brain damage caused by recurrent episodes of inadequate oxygen to the brain.
- Heartbeat irregularities and congestive heart failure.



TREATMENT

GENERAL MEASURES

- Observation of symptoms by someone close to you is usually the first indication. Medical diagnostic tests may include laboratory studies to measure oxygen in blood, chest-wall movement and air flow through nose; EEG (electroencephalography—studying the brain by measuring electric activity [“brain waves”]); and studies in a sleep laboratory.
- Treatment choice will depend on severity of apnea, any health problems, and level of daytime functioning.
- If sleep apnea occurs only when you sleep on your back, sew a ping-pong ball or tennis ball to the back of your pajamas. This forces you to sleep on your side.
- Steps should be taken to improve any underlying medical problems, such as heart or respiratory disorders.
- Drugs such as sedatives, hypnotics, barbiturates, narcotics, and alcohol should be avoided. Get medical advice about withdrawing medications that may be causing sleep apnea.
- Weight loss program for an overweight patient.
- A special dental appliance may be prescribed.
- Continuous positive airway pressure (CPAP)—patient wears a mask over nose and mouth during sleep while a small air-compressor forces air into the nasal passages keeping the airway open. It is an effective treatment for many patients.
- Treatment can include surgery (tonsillectomy, uvulopalatopharyngoplasty or tracheostomy) (rare).

MEDICATIONS

Medicine usually is not necessary for this disorder, however, protriptyline may be helpful for a small number of patients to help control excessive daytime sleepiness. Medroxyprogesterone may be used in obesity-hypoventilation syndrome.

ACTIVITY

No restrictions. Engage in regular physical exercise to become physically fit, but don't exercise vigorously before bedtime.

DIET

Lose weight if you are obese.



NOTIFY OUR OFFICE IF

- You suspect you have sleep apnea.
- You observe signs of sleep apnea in another family member.
- Sleep apnea continues or worsens after treatment is initiated.